

7002 2030 0004 5245 6525

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

CT03-118

Sent To
Les Sumption, S & S Comm
 Street, Apt. No.,
 or PO Box No. *125 Railroad Ave SE*
 City, State, ZIP+4
Abbeeden, SD 57401

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr Les Sumption
S & S Comm.
125 Railroad Ave SE
Abbeeden, SD
57401

2. Article Number

(Transfer from service label)

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Laurel Ell...* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-17-03

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- CT03-118*
- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☒ Insured Mail ☒ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes